Social Work And Dialectical Behavioural Therapy

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Presentation Outline

- DBT (Content and structure)
- Borderline Personality Disorder (Criterion and profile of presenting group)
- *DBT: A Social Work Intervention.*
- *Case Study (Annie)*

What is DBT?

- It is Cognitive Behavioural Therapy for the Treatment of people living with Borderline Personality Disorder.
- It addresses such presentations as difficulties in regulating emotions, tolerating distress, interpersonal effectiveness skills and general impulsivity and anxiety.
- The HSE has been funding this programme through the National Office of Suicide Prevention since 2011.
- The Kildare Town DBT Programme started in 2015 and since then 17 clients have completed the full Programme. There are eight clients in the group at present.
- The DBT Consult Team consists of three social workers, three nurses and an OT.

DBT Programme Structure

- Four modes of delivery

1. Skills Group (Three eight week modules: Mindfulness, Distress Tolerance, Emotional Regulation and Interpersonal Effectiveness.)
2. Individual one to one weekly sessions
3. Phone coaching to client
4. Weekly DBT Consult group to staff delivering DBT.

Criteria for Borderline Personality Disorder (DSM IV)

1. Fear of being abandoned (real or imagined)
2. Intense mood shifts (anger, sadness, fear, shame)
3. Impulsivity (Promiscuity, fast driving, shoplifting)
4. Problems with anger (intense verbal outbursts)
5. Recurrent suicidal behaviour and/or self-mutilating behaviour
6. Pattern of unstable and intense relationships
7. Chronic feelings of emptiness
8. Unstable sense of self (difficulties making decisions, having a belief that feels solid one minute but not the next and things are often seen in black and white).
9. Stress related paranoia or dissociative symptoms (zoning out, a way of removing yourself from painful situations)

Five required for diagnosis

Who Presents with BPD?

- Estimates say that over 10% of outpatient and 20% of inpatient who present for treatment have BPD.
- BPD affects between 1.5 and 3% of the population. This is greater than the number of people diagnosed with Schizophrenia or Bi-Polar Disorder.
- BPD rarely stands alone. Many other disorders can co-occur.
- 75% are women. Reflects fact that women more often seek treatment, that anger is more acceptable in men, and that men with similar symptoms often enter the penal system receiving a diagnosis of APD.
- 75% of BPD Clients self-injure
- 10% of BPD Clients complete suicide
- Extensive international research has shown that DBT radically alters the outcome for people who complete treatment.

"Dialectical Behavioural Therapy: A social Work Intervention?" (Cooper and Parsons)

- *The social work paradigm and practice means that social workers in mental health settings are well placed to deliver it.*
- *Their social work background aids their delivery and understanding of DBT.*
- *Social work values and practices align well with the principle-driven nature of DBT*
- *The aim of DBT is to balance acceptance of people as they are; with a change focus where agreed upon goals are set*
- *Build a life that is worth living for them*

Skills similarities – Social work and DBT

DBT Strategy

Relationship

- Use of relationship and therapy skills (DBT overtly uses the therapeutic relationship to create change)

Parallel Social Work Skill

- In SW the relationship is central ingredient to best practice
- Questioning skill (open, closed, what and circular)
- Prompting, probing, allowing and using silences
- Using self-disclosure
- Closing the case and ending the relationship
- Counselling skills

DBT Strategy

Dialectics

- Acceptance of multiple meanings and constructions of the truth
- “Truth is in a constant flux.
- Two arguments, positions or points of view that appear contradictory can be true at the same time.

Parallel social work skill

- Mediation skills
- Being challenging and confrontative
- To work together effectively, it is important to be able to hold multiple viewpoints, moving away from either/or thinking (Smart and Gray 2000; bicultural practice of SW)
- Dialectical thinking useful to adopt in MHSW as it provides a way to work through conflict and difference
- Multiple ”truths” in SW practice we must negotiate emerging from culture, gender, sexual and spiritual identity.

DBT Strategy

Validation (6 levels)

1. Staying awake – unbiased listening and observing
2. Accurate reflection
3. Articulating the un-verbalised emotions, thoughts, behaviours
4. Validation in terms of past learning or biological dysfunction
5. Validation in terms of present context or normative functioning
6. Radical genuineness of the therapist

Parallel social work skill

- Paraphrasing
- Clarifying
- Summarising
- Giving and receiving feedback
- Empathy and sympathy
- Offering encouragement and validation
- Reframing
- Offering interpretations

This is the first treatment strategy social workers delivering DBT connect with as it is an intrinsic part of out practice and training. Social work analysis of systems through non-judgemental eyes, provides us with a foundation of understanding.

DBT Strategy

- **<u>Structural strategies</u>** (structuring the therapy)

Parallel social work skill

- Planning and preparing for the interview
- Creating a rapport and establishing a relationship
- Welcoming skills
- Sticking to the point and purpose of the interview
- The role of self-knowledge and intuition
- Ending an interview
- Contracting skills
- Record keeping skill

DBT Strategy

- **<u>Coaching and exposure</u>** – group process
- Four modules of skills:

1. Interpersonal effectiveness
2. Emotional regulation
3. Becoming aware of self through mindfulness practice
4. Tolerating distress

Parallel social work strategy

- Modelling and social skills training
- Anxiety management

Trevithick (2000) identified modeling and social skills training as inherent social work skills.

Acquisition of skills aligns with the social work understanding that most people want to do better but may not have the skills or resources necessary for change.

DBT Strategy

- **<u>Crisis coaching skills:</u>**

  The coaching call is designed to offer support and intervention before a mal-adaptive coping strategy is engaged and offers the opportunity for the generalisation of skills to life outside of therapy (Linehan 1993)

Parallel social work skill

- Using persuasion and being directive
- Providing reassurance
- Negotiating skills
- Assertiveness skills
- Dealing with hostility, aggression and violence

The MHSW is often at front line of crisis and duty work (Oliver and Hudson 1998).

The DBT trained social worker is ideally positioned to respond to the client's crisis with use of coaching calls, contracts and contingency planning, using the relationship to reinforce adaptable behaviour or extinguish maladaptive behaviour.

DBT Strategy

<u>Didactic Strategies</u>;

1. providing information
2. Giving reading material
3. Giving information to family members

Thrust is twofold;

1. Influence behavioural change
2. Provide validation through normalising client's responses to situations (Linehan 1993)

Parallel social work skill

- Giving advice
- Providing information
- Providing explanations

Thrust is:

- Assist their understanding of the world as part of educating for change

DBT Strategy

<u>Consultation to the patient</u>;

Consult with the patient "on how to interact effectively with her environment" as opposed to assisting the environment to interact effectively with the client (Linehan 1993)

Parallel social work skill

- Providing support
- Providing care
- Empowerment and enabling skills
- Networking skills
- Working in partnership
- Advocacy skills
- Providing protection and control
- Managing professional boundaries

DBT Strategy

<u>Supervision</u>:

- Consult team is a form of group supervision and education.
- It assists the therapist to provide DBT to clients and also provides DBT support to the therapist themselves. It recognises the high burn out rate for therapists working this this client group.

(*A community of therapists providing therapy to a community of clients)*

Parallel social work skill

- Reflective and effective practice
- Using supervision creatively

Conclusion

- *"Factors common to social work and DBT; centrality of relationship, client strength and resources, group process, client motivation and commitment."*
- *"Therapists /social work qualities of warmth, positive regard, validation and genuineness".*
- *Social workers are in a wonderful position to create change as the DBT paradigm aligns well with social work." (Cooper and Parsons)*
- *From our experience mental health social workers are highly skilled once trained in this modality.*

CASE ON PRESENTATION

- Annie is a single parent
- Attending the KWWMHS since 2005
- Diagnosed with Schizophrenia which has been well controlled.
- Borderline Personality Disorder
- Multiple episodes of self cutting and drug overdoses
- History of binge drinking and daily cannabis use. Also dabbled in other substances.
- Background history of abandonment by birth mother and step-mother. Later while living in UK experienced domestic violence and an alleged rape by partner and spent time in prison. Son taken into care as she was homeless. Returned to Ireland 2005.
- Psycho-social difficulties included financial problems, threat of eviction and parenting difficulties

Doctor's assessment on presentation

- Shy, quiet , lonely, keeps to self
- Poor self esteem and self image
- Not able to manage conflicts
- Impulsive
- Prone to suicidal ideation and suicide attempts
- Used alcohol and illicit drugs as a coping strategy

DBT/Social Work Intervention

Annie's Goals:

- "Stop being a "Mess up" and feeling like crap
- Be a better parent. Keep Tusla off my back.
- Stop overdosing and smoking hash and reduce binge drinking
- Wanted to have friends and be confident.
- Keep secure accommodation for her and her child
- Get a job

Barriers to achieving her goals

- Low self esteem
- Judgemental self narrative (I am not good enough, I am unlovable, nobody wants me etc)
- Constantly feeling emotionally overwhelmed (inexpressible anger, sadness and fear)
- Use of dysfunctional strategies (drugs, alcohol, self-cutting etc) to regulate emotions and cope with distress.
- Lack of belief in own agency leading to an over dependency on outside help
- Inability to identify and meet own needs more skilfully and negotiate conflict and interpersonal relationships

How the structure and content of DBT helped Annie overcome these barriers

- Group and one to one Mindfulness work with Annie helped to address her issues of self-esteem and negative self-judgement and taught her to self-validate and self sooth.
- Emotional regulation worked on her feelings of being overwhelmed and allowed her to feel and learn that she can control and manage her distressing emotions skilfully
- Annie reduced her alcohol and drug misuse and self cutting by using the new skills that she learned in the distress Tolerance module
- The Interpersonal Effectiveness module gave her the opportunity to rehearse behaviour change which led to more self-reliance and effectiveness in relationships and achieving goals and problem solving